

ATTACHMENT 1

ADMINISTRATION OF SAFETY AND HEALTH PROGRAM

AGENCY NAME _____
ADDRESS _____

AGENCY HEAD NAME _____
TITLE _____
ADDRESS _____

AGENCY DESIGNATED
SAFETY AND HEALTH
OFFICIAL NAME _____
TITLE _____
ADDRESS _____

PHONE NO. _____

AGENCY SAFETY
AND HEALTH
(COORDINATOR,
DIRECTOR, CHIEF,
MANAGER, ETC.) NAME _____
TITLE _____
ADDRESS _____

PHONE NO. _____

ATTACHMENT 2

AGENCY SAFETY & HEALTH STAFFING IN
HEADQUARTERS & FIELD UNITS

GS SERIES	GS GRADES													
	5-8		9-11		12		13		14		15		16	
	HQ	FU	HQ	FU	HQ	FU	HQ	FU	HQ	FU	HQ	FU	HQ	FU
SAFETY ENGINEER (803)														
SAFETY SPECIALIST (018)														
SAFETY TECHNICIAN (019)														
INDUSTRIAL HYGIENIST (690)														
FIRE PROTECTION ENGINEER (804)														
FIRE PROTECTION & PREVENTION (081)														
OTHER FULL-TIME (SPECIFY)														
TOTAL FULL-TIME														

HQ=HEADQUARTERS

FU=FIELD UNITS

NUMBER OF EMPLOYEES:

Headquarters _____

Field Units _____

Total _____

VACANCIES IN SAFETY & HEALTH STAFFING:

Headquarters _____

Field Units _____

SAFETY & HEALTH STAFFING OF FIELD UNITS

[illegible]

SAFETY & HEALTH STAFFING OF FIELD UNITS

DIRECTIONS: List the agency field units and provide the requested information for each unit in the following table. Define organizationally the term "field unit" relative to the agency mission, size and organization. The table should include both full-time and collateral-duty personnel. For field units staffed with collateral-duty personnel, the number of personnel and the total work (in man-years) spent on safety and health should be entered for each grade level. For example, a field unit with three GS-7 collateral-duty safety and health personnel, each devoting 40% of his work time to safety and health activities, would expend a total of 1.2 man-years for that grade on safety and health activities. This would be entered in the table as 3(1.2) in the CD column for the GS 5-8 grade level.

DEFINITION OF FIELD UNIT:

[illegible]

ATTACHMENT 4

FULL-TIME OSH PROFESSIONALS

Directions: Complete this form for each full-time professionals at both the headquarters and field levels indicated on Attachment 2. The professionals should be in the job series GS 803, 018, 019, 690, 804 and 081.

NAME _____

TITLE _____

JOB SERIES _____

WORK ADDRESS _____

TELEPHONE _____ (COMMERCIAL)
_____ (FTS OR OTHER)